The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Knockagh Rise**

Provider: **Knockagh Rise Ltd**

Date of Inspection: **11 December 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider:	Knockagh Rise Ltd
Responsible Individual:	Mrs Ruth Elizabeth Logan
Registered Manager:	Mrs Joeleen Logan
Service Profile – This home is a registered nursing home which provides nursing care for up to 30 patients. Patients have access to a communal lounge, dining room and outside space on the ground floor. Bedrooms are situated over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 11 December 2025 from 9.40 am to 5.55 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection, six previous areas for improvement were assessed as having been addressed by the provider. Six areas from the previous medicines management care inspection were not reviewed as part of this inspection and are carried forward to the next inspection. Full details, including five restated and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included, "I would say it's alright" and "The staff are very attentive."

Staff offered choices to patients throughout the day, which included preferences for getting up and going to bed, food and drink options and where and how they wished to spend their time.

Relatives and visitors commented positively about the overall provision of care within the home. Comments included, "This is a lovely home and the staff are great", "The staff are very good. I feel involved in my loved one's care. I can't complain" and "The staff are trying their best. There's good communication and they listen to us."

Staff spoken with said that Knockagh Rise was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "There is good teamwork and communication between us" and "I get a good handover and the teamwork is good."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

While there was evidence of systems in place to manage some aspects of staffing; review of how required pre-employment checks were completed, new staff inductions including agency staff inductions and how staff received their supervisions and appraisals evidenced that the three area for improvement first stated in June 2025 by RQIA had not been met. These three area for improvement have now been stated for a second time.

Examination of the duty rota evidenced that the hours the manager worked and in what capacity and the hours worked by maintenance staff were not accurately recorded. The area for improvement identified at the previous care inspection is now stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Staff interactions with patients were observed to be polite, friendly, warm and supportive, for the most part, and the atmosphere was relaxed, pleasant and friendly.

Concerns were identified regarding the practice of one staff member. As a result RQIA made a referral to the Adult Protection Gateway Team in the Northern Health and Social Care Trust (NHSCT). These events were discussed with the manager and an area for improvement was identified in relation to how staff speak with patients.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Where a patient was at risk of falling, measures to reduce this risk were put in place. However, falls were not reviewed monthly to look for patterns and trends to identify if any further falls could be prevented. An area for improvement was identified.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good and that they had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that some patients were not appropriately supervised with their meal in keeping with their assessed needs. An area for improvement identified at the previous care inspection is now stated for a second time.

Discussion with staff and observation of practice confirmed that a "safety pause" was not completed at the start of each mealtime to ensure that every patient received their meals in accordance with the patients' assessed needs. This was discussed with the manager during the previous care inspection although it has not been implemented. RQIA signposted the manager to the Responsive Education and Collaborative Health programme (REaCH) in the NHSCT who could support them in the implementation of this safety initiative.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as the hairdresser, church services, movie days, bingo, quiz, music and sing-a-long. Patient said they enjoyed the Christmas tree and decorations that were displayed throughout the home.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records, for the most part, were person-centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs.

Discussion with staff evidenced that not all registered nursing staff were able to use the electronic care record system to review and amend patient records; specifically risk assessments and care plans. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to the patient.

A small number of shortfalls were identified throughout the home relating to environmental cleaning, management of personal protective equipment (PPE), broken/damaged equipment and surface damage to identified walls. Details were provided to the manager who provided assurances that they were aware of the matters and actions had been taken to address these. Progress will be reviewed at a future care inspection.

Inappropriate storage of patient equipment was observed in an identified communal bathroom, and shortfalls were observed in the cleaning of some patient equipment in-between patient use; these included, rollators, standing aids and hoists. An area for improvement was identified.

The door to the electrical services room and staff room was unlocked allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action to reduce the risk. An area for improvement was identified.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not apply PPE correctly or to take opportunities to wash their hands particularly after contact with patients and the patients' environment. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Joeleen Logan has been the Registered Manager in this home since 29 April 2024.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence, from the records reviewed, that at least one incident of a potential safeguarding nature that had occurred had not been notified to RQIA accordingly. The manager agreed to audit the accidents and incidents and notify RQIA retrospectively.

Systems for reviewing the quality of care, other services were in place. The need to review the effectiveness of these systems was discussed at length with the manager during the previous care inspection. Leadership and development support was discussed further during feedback. The manager was signposted to the My Home Life programme and the Royal College of Nursing (RCN) and NHSCT manager's forum.

Given the inspection findings, further work was required to ensure the governance systems were effective in identifying concerns and in driving the necessary improvements. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	10*	8*

*The total number of areas for improvement includes five that have been stated for a second time and six that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joeleen Logan, Registered Manager, and Mrs Ruth Logan, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that obsolete personal medication records are promptly cancelled and archived. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that all prescribed medicines are available for administration and are administered as prescribed. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that the maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day and the thermometer reset. Corrective action must be taken if the temperature is outside the recommended range. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that robust systems are in place; to remove expired medicines and those with a reduced expiry date once opened, promptly once expired. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 5 **Ref**: Regulation 21 (1) (b) Schedule 2 **Stated:** Second time **To be completed by:** 11 December 2025	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: All pre employment checks now have, gaps in previous employment explored with potential new employees at interview stage. This was implemented on 26.01.26.
Area for improvement 6 **Ref:** Regulation 13 (1) (b) **Stated:** Second time **To be completed by:** 11 December 2025	The registered person shall ensure that patients who are identified as being at risk of choking are appropriately supervised at mealtimes in keeping with their assessed needs and plan of care. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Resident identified on day of inspection as requiring 1:1 supervision is to be reassessed by SALT on the 11.02.26. The staff have all been informed to follow the directions given by SALT for supervision levels at all meal services for all residents. We have held staff meetings for the care staff on 26.01.26 and for the senior carers on the 21.01.26. A nurse meeting is due to be held on the week commencing 09.02.26. From the day of inspection we commenced supervisions with the staff to advise which level of supervision is required for each resident. From 21.01.26 we have now introduced the Pause during meal services.
Area for improvement 7 **Ref:** Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that all registered nursing staff have sufficient competence and skill to access and amend the electronic risk assessments and care plans. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care docs electronic system training to be updated for bank staff as identified on day of inspection. we are currently seeking training from Caredocs. In the interim on a meeting held with nurses week commemncing 09.02.26 we will identify where areas of improvement can be made and help advise in house.

Area for improvement 8 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that access to the electrical store and staff room is reviewed and managed to ensure patients are not potentially placed at risk of harm. Ref: 3.3.4
	Response by registered person detailing the actions taken: New lock fitted to electrical store to ensure locked safely. A keypad lock has been implemented to the staff room door.
Area for improvement 9 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: Weekly hand hygiene audits continue, we have stepped up to twice daily auidts for 2 weeks commencing 02.02.26. Donning and doffing will be observed during daily walk around and by trained staff. Newly appointed staff will be shown how to do same effectively during training before commencing work. I have printed off guidance about donning and doffing and hand hygiene for all staff to update. The topics have been addressed in both care staff meetings 21.01.26 and 26.01.26. This is on the agenda for the nurse meeting week commencing 09.02.26. The infection control monthly audit will be stepped up weekly for the next month and remain under review.
Area for improvement 10 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall review the home's current governance systems to ensure that they are effective in identifying concerns and in driving the necessary improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: Home manager will ensure all governance in place are effective and trends indenfiied. It was identified on inspection that an RQIA report was not forwarded within a timely fashion. Going forward this will be within the required time limit.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall review the management of distressed reactions to ensure that, the reason for and outcome of administering 'when required' medicines, is recorded on every occasion. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that inhaler spacer devices are labelled and stored covered, for infection prevention and control purposes, and are cleaned/replaced according to the manufacturers' instructions. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref**: Standard 41 **Stated:** Second time **To be completed by:** 11 December 2025	The registered person shall ensure records are kept of all staff working in the home over a 24-hour period. The capacity in which they are working should be clearly identified. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: Maintenance now added to duty rota and managers role highlighted if on the floor workiing as a nurse, as identified on day of inspection. this will be maintained going forward.
Area for improvement 4 **Ref:** Standard 39.1 **Stated:** Second time **To be completed by:** 11 December 2025	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: All inductions for newly appointed staff will now be countersigned by manager moving forward. Induction forms will be completed over a 3 day period and not completed on the first day of induction. It will be identified early when new staff are required agency and new starts. Documentaion will be prepared and diarised prior to the event. We have introduced the induction checklist aligned with RQIA minimum standards 03.02.26.

Area for improvement 5 **Ref:** Standard 40 **Stated:** Second time **To be completed by:** 11 December 2025	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept. Ref: 2.0 and 3.3.1 **Response by registered person detailing the actions taken:** All appraisals and supervisions will be completed as moving forward. Appraisals will be diarised in advance and paperwork prepared prior to the event. Supervsions have been commenced the day after the inspection.
Area for improvement 6 **Ref:** Standard 6.1 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that all staff treat patients with dignity and respect. Ref: 3.3.2 **Response by registered person detailing the actions taken:** All staff will continue to treat residents with dignity and respect. This topic has been discussed with staff at the meetings on 21.01.26 and 26.01.26. This topic is on the agenda for the nurse meeting week commencing 09.02.26. Any concerns will be dealt with appropriately.
Area for improvement 7 **Ref:** Standard 22.10 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends that may help prevent further falls occurring taken. Ref: 3.3.2 **Response by registered person detailing the actions taken:** All falls will be reviewed, analysed as normal and manager will ensure the audit is signed. we are reviewing standard operating processes to put in place to ensure the same high quality of care is provided throughout the team.
Area for improvement 8 **Ref**: Standard 46 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that patient equipment is not stored where there is a toilet, as per Regional IPC Guidelines and that patient equipment is effectively cleaned between each use. Ref: 3.3.4 **Response by registered person detailing the actions taken:** All staff reminded not to use empty bathroom as a storage place for shower chairs etc. This will continue to be monitored. This has been discussed in meetings with care staff on 21.02.26 and 26.02.26 this is on the agenda for the nurse meeting week commencing 09.02.26. this will also be reviewed in daily walk around. The bathroom in question has been cleared of all unneccessary items.

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The Regulation and Quality Improvement Authority

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